

- Visioning
- Assessment Framework & Analysis
- Key Informant Discovery
- Survey Analysis
- Investment Analysis
- Outcomes Alignment
- Fund Comparisons

Appendix



Assessment Framework & Analysis



Assessment Framework



Organizational Motivation

Represents the underlying "personality" of an organization



Environment

The level of available resources and the ease with which an organization can carry out its activities



Organizational Capacity

Ability of an organization to use its resources to perform

International Development Research Centre. "Organizational Assessment: A Framework for Improving Performance"



Organizational Impact/Performance

- Effectiveness
- Efficiency
- Relevance
- Financial Viability

An organization is a good performer when it balances effectiveness, efficiency, and relevance while being financially viable.

International Development Research Centre. "Organizational Assessment: A Framework for Improving Performance"



Organizational Impact/Performance

Dimension		Current Conditions	Risk	Opportunity
1	Effectiveness	<ul style="list-style-type: none"> Limited ability to report on outcomes historically, but recently adopted shared outcomes framework with MHB, etc. In the process of operationalizing that framework. 	<ul style="list-style-type: none"> Inability to clearly articulate value and impact of the fund. 	<ul style="list-style-type: none"> Formalize outcomes and indicators, and require agencies to report on them
2	Efficiency	<ul style="list-style-type: none"> Grant making is time consuming. Movement to a three-year allocation cycle. However, concerns from grantees remain regarding administratively burdensome process. 	<ul style="list-style-type: none"> Overly administrative burdensome requirements take time away from investments in actual service delivery both for CSF, as well as grantees. However, there needs to be clear accountability and reporting requirements. 	<ul style="list-style-type: none"> Revisit reporting requirement
3	Relevance	<ul style="list-style-type: none"> Increasing need/demand for behavioral health services Perception that CSF funding is not aligned with identified need and concerns 	<ul style="list-style-type: none"> Schools seek funding/BH services elsewhere Identified needs go unfunded and youth BH needs are exacerbated 	<ul style="list-style-type: none"> Complete a community needs assessment Identify top priorities and fund accordingly
4	Financial Viability	<ul style="list-style-type: none"> Funding through sales tax 	<ul style="list-style-type: none"> Risk of decreasing funds due to decrease in sales tax revenue. 	<ul style="list-style-type: none"> Develop a strategy to mitigate impact of potential decrease in sales tax revenue



Organizational Capacity

- Strategic Leaderships
- Financial Management
- Program/Process Management
- Inter-institutional linkages
- Human resources management
- Structure
- Infrastructure
- Technology

The IDRC model also includes the following components within organization capacity: human resources management, structure, infrastructure, and technology. Given the stated priorities of this engagement our assessment did not include a comprehensive review of these components.

International Development Research Centre. "Organizational Assessment: A Framework for Improving Performance"



Organizational Capacity

Dimension		Current Conditions	Risk	Opportunity
1	Strategic Leadership	<ul style="list-style-type: none"> • CSF has had high staff/leadership turnover in recent years • Community is optimistic about CSF's new leadership 	<ul style="list-style-type: none"> • Turnover has led to strained relationships and undermined trust. 	<ul style="list-style-type: none"> • Relationship building
2	Financial Management	<ul style="list-style-type: none"> • Perception that the reserve fund is too high • CSF re-structured funding to limit agencies spending to 50% in the first year of the two-year cycle • Application, funding, and reporting processes differ between neighboring county CSFs 	<ul style="list-style-type: none"> • Feeling that the reserve amount is high, funded agencies feel ill-will when their funding is decreased • Agencies spend too much time/effort on application and reporting process when services are funded by multiple CSFs with differing requirements 	<ul style="list-style-type: none"> • Align application and funding process with other CSFs • Evaluate reserve amount to ensure it is appropriately funded
3	Program/Process Management	<ul style="list-style-type: none"> • Identifying needs and setting objectives appear reactive to agencies' funding applications • Limited ability to measure outcomes 	<ul style="list-style-type: none"> • Lack of clearly communicated priorities leads to limited impact • Unable to quantify and communicate the fund's impact 	<ul style="list-style-type: none"> • Identify top priorities and fund accordingly • Develop measurement and outcomes framework for funded agencies
4	Inter-institutional Linkages	<ul style="list-style-type: none"> • Activities aren't coordinated with similar organizations • Community perceives CSF as lacking transparency • Community lacks BH leader and agenda-setter 	<ul style="list-style-type: none"> • Services differ across region • Community lacks BH leader and agenda-setter 	<ul style="list-style-type: none"> • CSF to step into community BH leadership role



Organizational Motivation

- History
- Mission
- Culture
- Incentives and Rewards

Organizational motivation represents the underlying personality of the organization. It is what drives the members of the organization to perform. Given the stated priorities of this engagement our assessment did not include a comprehensive review of Incentives and Rewards.

International Development Research Centre. "Organizational Assessment: A Framework for Improving Performance"



Organizational Motivation

Dimension		Current Conditions	Risk	Opportunity
1	History	<ul style="list-style-type: none"> • Putting Kids First (Proposition 1) passed on Nov. 4, 2008 (1/4 cent sales tax); first allocation in 2010 • \$40M fund • Largest children's service fund in MO • Frequent changes in leadership and staff 	<ul style="list-style-type: none"> • Fund is much larger than neighboring county CSFs. Agencies may leave neighboring counties to provide services and receive funds in St. Louis County. • Changing priorities due to leadership/staff turnover 	<ul style="list-style-type: none"> • Develop cohesive funding structure to ensure consistency of services across the region • Set a clear organizational direction and identify top priorities for CSF and region
2	Mission	<ul style="list-style-type: none"> • Consistent mission statement over fund's existence • Strong link between mission and organization's funding direction • CSF does not communicate valued research/best practices to agencies and larger community 	<ul style="list-style-type: none"> • Lack of direction and standardization for agencies and larger community 	<ul style="list-style-type: none"> • Identify and communicate CSF's valued research, best practices, and tools to agencies and the larger community
3	Culture	<ul style="list-style-type: none"> • Staff supportive of new leadership • Staff values align with organizational goals 	<ul style="list-style-type: none"> • N/A 	



External Environment

- Administrative and Legal
- Political
- Social/Cultural
- Geographic
- Stakeholder
- Economic

Each organization is set in a particular environment that provides multiple contexts that affect the organization and its performance.

International Development Research Centre. "Organizational Assessment: A Framework for Improving Performance"



External Environment

Dimension		Current Conditions	Risk	Opportunity
1	Administrative and Legal	<ul style="list-style-type: none"> Missouri State Statutes RSMo 67.1775 and 210.861 prescribe CSF's basic requirements Neighboring CSFs interpret these statutes differently Fund is situated under county government 	<ul style="list-style-type: none"> Changes in requirements necessitate a change to existing law Different interpretation and implementation of statutes causes inconsistencies in funding and services in the region 	<ul style="list-style-type: none"> Align statute interpretation and implementation process with other CSFs
2	Political	<ul style="list-style-type: none"> Executive Director is appointed by the County Executive Board members are appointed by the County Executive with recommendations from the Executive Director 	<ul style="list-style-type: none"> Increased risk of leadership change with County Executive elections As a government agency, it is difficult for CSF to quickly respond to changing community needs. Politics can influence CSF's agenda and investments over time. 	<ul style="list-style-type: none"> Be leader in BH community and set political agenda Work with County Executive to set a county-level agenda
3	Social/Cultural	<ul style="list-style-type: none"> Mental health stigmas persist in communities across the region 	<ul style="list-style-type: none"> Individuals/families that need mental health services do not receive them 	<ul style="list-style-type: none"> Increase communications and outreach to normalize mental health services
4	Geographic	<ul style="list-style-type: none"> Bounded by St. Louis County borders 	<ul style="list-style-type: none"> Services differ across region, and youth risk losing services if they move outside of the county 	<ul style="list-style-type: none"> Develop cohesive funding structure to ensure consistency of services across the region
5	Stakeholder	<ul style="list-style-type: none"> Stakeholders include St. Louis community (families, agencies, schools, etc.) 	<ul style="list-style-type: none"> Differences in BH priorities depending on community and agency type 	<ul style="list-style-type: none"> Complete a community needs assessment Identify top priorities for CSF and region
6	Economic	<ul style="list-style-type: none"> Sales tax provides steady funding 	<ul style="list-style-type: none"> Risk of decreasing funds due to decrease in sales tax revenue. 	<ul style="list-style-type: none"> Develop a strategy to mitigate impact of potential decrease in sales tax revenue



Key Informant Discovery



Overview



Interviews

One-on-one interviews with 13 key informants (see list in Interview Findings section)



Community Cafes

Two community cafes comprised of 103 community stakeholders



Small Group Discussions

Small groups with 21 individuals from three constituent groups:

- Youth
- Parents/Caregivers
- School Administrators



Survey

Survey to understand stakeholder priorities completed by 113 respondents



Compiled Key Informant Findings



Bright Spots

- Excitement and optimism in regards to new CSF leadership.
- Expressed desire for CSF to step into a leadership role.
- There are a number of resources that if strategically aligned and coordinated have the potential to greatly impact the community at a population level.
- The majority of organizations addressing the behavioral health needs of children and youth expressed an interest and eagerness to more intentionally collaborate with one another.
- There is great opportunity to align/adopt other related impact measures.



Regional/County-wide Conditions

- St. Louis County and the surrounding region have many valuable behavioral health resources, but the community lacks a coordinated approach to meeting the comprehensive behavioral health needs of youth and their families.
- Information about youth behavioral health services is fragmented, which makes it difficult for youth and their families to easily assess various behavioral health options.
- There is limited alignment and coordination among other county children's funds, schools, similar initiatives, and service providers; however, there is an expressed desire for greater coordination among all stakeholders.
- There are a number of challenges including a lack of job-specific and community-oriented trainings, as well as a need for more qualified and consistent school-based behavioral health staff.



CSF Specific Feedback

- As a government agency, it is difficult for CSF to be nimble and responsive to changing community needs.
- Conversely, given its position, CSF has a unique opportunity to establish and champion a comprehensive child and youth behavioral health agenda.
- Changing CSF executive leadership has led to strained relationships and undermined trust.
- Perception among some that county government has tried to use the fund for other purposes.
- Concerns regarding the extent that politics influence the CSF's agenda and investments over time. Questioning as to whether the fund can be relied upon to set a course and commit to it.



CSF Specific Feedback

- Observation that CSF funding cycle and payment structure are misaligned with the school year and as a result create administrative and service barriers.
- Perception that CSF funding is not aligned with identified need and concerns that dollars are not being equitably distributed.
- Desire to see more investment in addressing the non-clinical needs of children and families, as well as increased investment in upstream prevention efforts.
- Desire to better understand CSF's level of impact, particularly on population level outcomes.
- Concerns regarding fund utilization, efficiency, and level of reserve.

CSF Specific Feedback

- Desire for the fund to require that grantees leverage Medicaid reimbursement so that the community is not leaving money on the table.
- Lack of perceived alignment with children's funds in adjacent counties may be creating cross-county inequity.
- CSF needs to be more involved in aligning with other organizations' strategic plans and moving toward the effort of streamlining to one regional needs assessment.



Interview Findings



Interviews: Key Informants

Organization/Agency	Name, Title
Health Equity Works	Dr. Jason Purnell, Principal Investigator and Project Director
Integrated Health Network	Bethany Johnson-Javois, Chief Executive Officer
Los Angeles County Department of Mental Health	Debbie Innes-Gomberg, Deputy Director - Program Development and Outcomes Bureau
Missouri Foundation for Health	Bob Hughes, President
Ready by 21	Katie Kaufmann, Director
Regional Health Commission	Rob Freund, CEO
Special School District of St. Louis County	Dr. Don Bohannon, Superintendent of Special School Districts
St. Charles County's Community and Children's Resource Board	Bruce Sowatsky, Executive Director
St. Louis County Department of Human Services	Andrea Jackson Jennings, HR Director
St. Louis County Strategy & Innovation	Lori Fiegel, Director
St. Louis Mental Health Board	Jama Dodson, Executive Director
System of Care	Serena Muhammad, Director of Strategic Initiatives/Riisa Easley
United Way of St. Louis	Julie Russell, Chief Impact Officer



What We Heard...

Bright Spots

- Excitement and optimism in regards to new leadership
- Significant resources that have the potential to impact the community at a population level
- Many organizations interested and eager to partner and collaborate with CSF
- Opportunity to align/adopt other related impact measures – no need to reinvent the wheel
- Expressed desire for CSF to step into a leadership role

What We Heard...

Perceptions

- Fund is not transparent
- Funding is not equitably distributed
- No intentional alignment with other community related efforts
- Historic lack of consistent leadership within children and youth's behavioral health
- Organizations receive funding as a result of legacy as opposed to demonstrated alignment with community need

What We Heard...

Concerns

- A feeling of broken trust
- Insufficient investment in critically needed services such as child psychiatry
- Insufficient attention/investment in non-clinical needs of children and families, which also includes prevention
- Fund efficiency, utilization rates, and 50% reserve requirement
- Questioning fund's impact – what have been the results?
- Medicaid funding is not being fully leveraged – as a community we're leaving money on the table.
- To what extent will politics influence investments over time? Can the fund be relied upon to set a course and commit to it?
- Lack of perceived alignment with children's funds in adjacent counties may be creating cross-county inequity
- CSF needs to be more involved in aligning with other organizations' strategic plans and moving toward the effort of streamlining to one regional needs assessment.



Small Group Discussion Findings



What We Heard...

Knowledge of CSF?

- Youth had not heard of CSF, but were involved with CSF funded programs.

What are characteristics of a safe community?

- Environmentally inviting
- Free from guns and violence
- Comprised of people who are known and supportive

Where do you feel safe?

- Youth felt safe in a variety of places.
- Aside from one participant, they did not feel safe at school
- Half of them felt safe at home.

What We Heard...

What are characteristics of a health community?

- Helpful, respectful neighbors
- Everyone contributes in a meaningful way
- Access to healthy food and transportation

What would help improve community health and safety?

- More services/education to address gun violence and gun safety as well as sexual assault
- Creating a safe forum to host open dialogue about the community's inequities and problems in order to develop a solution
- Access to go-to trusted adults in the community
- More open-minded people

What We Heard...

Youth

Where do you/would you go for support?

- Most youth would first approach peers if they needed help or support.
- One youth would rather approach a trusted adult or therapist because she felt her peers would not be supportive.
- Most schools have peer groups for specific issues (e.g., LGBTQ, teen parents, etc.), but they do not have more general teen support groups.



What We Heard...

Families/Caregivers

Knowledge of CSF?

- Most participants had not heard of CSF.

Points of entry/access to behavioral health services and supports?

- Half of the participants first accessed services through school and half first accessed services through pediatricians.
- Participants have been able to access services, but it is a very time intensive process.

Where do they go for support?

- Most trusted and well-received source for hearing about services is from other caregivers.
- Pediatrician
- School staff/social workers

What We Heard...

Families/Caregivers

Greatest concerns and issues?

- Two participants' children were victims of bullying. Both parents had to become very involved before the schools intervened.
- All participants feel that there is a stigma with accessing services in the African American community.
- Lack of psychiatric services. Limited psychiatrists have waitlists through Spring of 2019.



What We Heard...

Families/Caregivers

Opportunities to improve supports and services?

- Trained paraprofessional with learned/lived experience to help parents. Build up a network of paraprofessionals to collaborate and connect with other parents.
- More discussion in the community about ACEs.
- Centralized point in the community where families can look for services and engage with someone who can help them navigate/access services.
- Caregivers want a formal role in CSF's decision-making.

- MORE DETAIL ABOUT PARENT PEERS

What We Heard...

School Administrators

Knowledge of CSF?

- All school administrators were very familiar with CSF

Greatest concerns and issues?

- Schools are not treated as a partner or given an opportunity to have a voice in the selection of service providers.
- Children are not being held at the center of the system
- High staff turnover leads to re-traumatization of youth and creates a heavy administrative burden on the schools
- Lack of service providers' ability to attract and retain to high quality culturally competent therapists/counselors.
- Limited investment in ongoing professional development of therapists and counselors – no consistent demonstrated competency in delivering trauma informed care.
- No sensitivity to cultural competence – this is critical!

What We Heard...

School Administrators

Greatest concerns and issues (cont.):

- Lack of funding transparency. Schools need to anticipate the level of support that will be provided.
- The funding cycle and payment structure are misaligned with the school year and as a result creating administrative and service barriers.
- Expressed perception among some participants that county government has tried to use the fund for other purposes and no one is enforcing the statute.
- Expressed perception among some participants that while school service providers are being told to reduce services there are available dollars in the fund. There was specific mention of the 50% reserve rate being too high.

What We Heard...

School Administrators

Opportunities to improve supports and services?

- Proposal for school districts to become “agencies”. The district can apply directly for funding and hire their own behavioral health staff (e.g., therapists/counselors)
- Schools need to be a partner in selecting their service providers
- All schools need more full-time interventions with quality, dependable, and consistent staff
- More case management and wraparound services are needed
- Schools need more prevention and early intervention
- Schools need a standardized MOU across all districts
- CSF should leverage existing systems (IEP, federal funds, SSD, etc.)
- CSF needs more transparency (how are funds being spent and what is the impact for youth)

Community Café Findings



What We Heard...

Q1. How would you describe or characterize the behavioral health services available in St. Louis County today? |

Strengths

- Broader array of services due to CSF funding
- Increased access to services due to CSF funding
- Better coordination among agency providers
- CSF provides a sustainable funding source with many opportunities

What We Heard...

Q1. How would you describe or characterize the behavioral health services available in St. Louis County today? |

Gaps

- Lack of psychiatry services
- Services are inequitably distribute
- Limited prevention and early intervention services
- Lack of services for parents/adults
- System lacks coordination and collaboration
- Short funding cycle
- Wait lists for services are long
- Lack of qualified providers
- Youth are transient and services don't follow the child
- Need more trauma-informed care
- Lack of services for justice-involved and homeless families
- Families lack awareness of services
- Lack of transportation
- Lack of early childhood centers and services



What We Heard...

Q2. Do you believe that behavioral health services are equitably available within the county? Why or why not? What does equitable service delivery look like to you?

Do you believe that behavioral services are equitably available?

- No (universal answer)

Why?

- Lack of transportation
- Needs vary by region
- School district needs and funding differences
- Lack of coordination
- Discrepancies in access caused by insurance
- Stigma associated with accessing behavioral health services

What We Heard...

Q2. Do you believe that behavioral health services are equitably available within the county? Why or why not? What does equitable service delivery look like to you?

What does equitable service delivery look like to you?

- Define "equitable" and related metrics
- Equity does not mean equality. Every child/family that has a need receives support without barriers.
- Standardize outcomes/measurements across providers
- Use universal screenings across providers
- Conduct needs assessment at the county level to inform decisions
- Need to evaluate and endorse quality providers

What We Heard...

Q3. How do services available in St. Louis County influence conditions in the surrounding counties?

- Services are more robust in St. Louis County than in surrounding communities. The size of St. Louis County's fund decreases services available in neighboring counties.
- Families move from St. Louis City to St. Louis County to access services
- When families relocate, services do not follow the child. This disruption of services causes trauma for the child and an administrative burden for the agencies.
- Fractured funding makes it difficult to transfer services
- Collaboration between St. Louis County CSF and neighboring funds has improved regional service delivery
- Funds are not used for the same services between counties
- Lack of coordination of services and resources between counties
- Need to better blend funding to support surrounding communities and provide continuity of services

What We Heard...

Q4. What do you see as opportunities to enhance, expand, or better align St. Louis County's behavioral health services?

- Promote a truly child-centered system that allows services to follow the child and family regardless of geography
- We need to consider the role that adults play in a child's life and identify opportunities to connect and promote services for adults
- Align application process, funding cycle, reporting requirements, etc. between counties' children funds
- Promote/require collaboration between agencies
- Adopt common standardized outcomes across the region
- Invest in professional development and training that promotes baseline core competencies and knowledge (e.g., trauma-informed care)
- Conduct a shared needs assessment for the region

What We Heard...

Q4. What do you see as opportunities to enhance, expand, or better align St. Louis County's behavioral health services?

- Include intentional input from youth and families in system-level decision-making
- Establish service coordination and improve agency/funder collaboration
- Become more results-driven and use data for strategic decision making
- Educate politicians about the mental health needs in St. Louis County
- Improve outreach and awareness of services
- Reevaluate CSF's reserve policy

Survey Analysis



Survey Questions

Survey Questions

St. Louis County Children's Service Fund

Survey Questions

Audience: Community Stakeholders including CSF funded agencies

What do we want to learn from the survey?

- Perceptions of current system-level conditions
- Perceptions of organizational-level conditions
- Potential priority areas of focus

Questions

A. Introductory Questions

1. Does your agency currently receive funding from St. Louis County Children's Service Fund?
 - a. Yes
 - b. No
 - c. I don't know
2. Select the role that best describes your position in your organization.
 - a. Executive leader
 - b. Manager
 - c. Front line staff (e.g. counselor, therapist, social work)
 - d. Researcher
 - e. Support staff
 - f. Board member/Volunteer
 - g. Other (please specify)
3. How long have you been working in this field?
 - a. 0-5 years
 - b. 6-10 years
 - c. 11-15 years
 - d. 15+ years
4. How long have you been aware of St. Louis County Children's Service Fund?
 - a. 0-2 years
 - b. 2-5 years
 - c. 5+ years
5. Does your organization provide direct behavioral health services?
 - a. Yes
 - b. No
 - c. I don't know

If no, which of these functions best describes your organization (select one)

Survey Questions

St. Louis County Children's Service Fund

- i. Other non-profit or direct service provider
- ii. Private funder/foundation
- iii. Government agency
- iv. Intermediary
- v. Educational provider (e.g., Pre-K, K-12, post-secondary)
- vi. Other (please specify)

- B. The next two sections ask a series of questions you will answer first from your organization's perspective followed by a more collaborative/regional perspective.

To what extent do you agree with the following statements? (1=Strongly Disagree, 5=Strongly Agree)

Organization

As an organization serving children and youth within St. Louis County:

Questions (1-10)

Network

As a network of providers serving children and youth within St. Louis County:

1. We have fully adopted and promote a coordinated, holistic approach to service delivery.
2. Professionals have access to the ongoing professional development and support they need to deliver high quality, culturally appropriate services.
3. We have a culture and climate that supports collaboration among providers.
4. We are implementing a trauma-informed approach to service delivery.
5. We have a standard set of outcomes that we use to measure our collective impact.
6. We use data to inform our programmatic decision making.
7. We have formalized relationships with other service providers (i.e. MOUs, data sharing agreements, etc.).
8. We fully maximize all reimbursement mechanisms available.
9. We have the right mix of service offerings (i.e., prevention, early interventions, later interventions).
10. We have a mechanism for regularly incorporating child and family voice and feedback.
11. We are moving in the right direction as a region.
12. CSF funding has directly enabled providers to realize positive outcomes in the community.

Organization

As an organization serving children and youth within St. Louis County:

Questions (1-10)



Survey Questions

Survey Questions

St. Louis County Children's Service Fund

- C. The next few sections will help CSF prioritize their efforts over the next three years. Please read the instructions and select the top priorities in EACH section.

Please select the top three priorities as it relates to children and youth behavioral health regional strategic alignment and coordination.

1. Develop and adopt standardized behavioral health outcomes at a regional level.
 2. Complete a regional behavioral health needs assessment.
 3. Develop and adopt a regional equity framework that prioritizes investment based on key factors such as demonstrated need, historic access (or lack thereof) to resources, as well as other potential conditions.
 4. Develop and promote a proactive regional agenda related to behavioral health services for children and youth.
 5. Coordinate and align funding cycles and payment structures for regional children's funds.
 6. Develop a coordinated approach among all regional and local funders investing in child and youth behavioral health.
 7. Develop and promote a regional coordinated legislative policy agenda as it relates to child and youth behavioral health.
 8. Adopt and aggressively promote across the region a community-level trauma-informed practice.
 9. Other (please specify):
- D. Please select the top three priorities as it relates to children and youth behavioral health operational coordination and alignment.
1. Develop a centralized location/resource for community members to identify and access behavioral health resources.
 2. Develop shared procedures and protocols to fully leverage all reimbursement mechanisms (e.g., Medicaid, private insurance, other subsidy).
 3. CSF to introduce an alternate funding model that allows for flexibility beyond units of service delivered.
 4. Develop strategy and operational infrastructure to ensure that services follow youth when they move throughout the region.
 5. Invest in innovation efforts to introduce and test new behavioral health practices and/or approaches to engage target populations.
 6. Develop funding mechanisms that promote investment in new or emerging organizations that are serving traditionally underserved communities or populations.
 7. Invest in marketing and communication efforts regarding available programs and services to raise public awareness of what is available and how to access it.
 8. Promote awareness of resources available within schools to stakeholders.
 9. Support school district autonomy in directly hiring behavioral health staff within schools.
 10. Design a shared process and/or platform to integrate child and family voice in decision-making.
 11. Invest in behavioral health core competencies training and professional development.
 12. Invest in cultural competence trainings.

Survey Questions

St. Louis County Children's Service Fund

13. Other (please specify):

- E. Identify the top three priorities as it relates to investment in child and youth behavioral health services in St. Louis County.

1. Expand access to services to address suicidal ideation (e.g., Dialectical Behavioral Therapy).
2. Invest in peer-led support groups for parents and caregivers to connect and collaborate.
3. Facilitate connection to adult services that complement direct services for children, youth, and families.
4. Expand access to child psychiatric services.
5. Increase investment in prevention and early intervention services.
6. Expand support for care coordination and wrap around services.
7. Identify and support services to address gun safety and education.
8. Increase investment in services to prevent/address sexual assault.
9. Expand violence prevention tactics.
10. Increase education and support services to address bullying.
11. Identify and support diversion programs in juvenile justice.
12. Other (please specify):

- F. Vision for the Future

1. What is one word you would use to describe the CSF's potential role related to child and youth behavioral health?

- G. Comments

What other information would you like to share?



Survey Results – Respondent Information

- 113 respondents (survey was sent to 364 individuals)
- 62% of respondents receive funding from CSF
- 73% of respondents were executive leaders or managers
- 50% of respondents work for non-profit direct service providers and 26% work for educational providers
- 63% of respondents work for an organization that provides direct BH services; 22% do not provide direct services; and 15% provide direct services but not specifically BH services
- NOTE: Analyzed the data to look at how different types of agencies responded to the questions. Specifically, the following groups were filtered: schools only; agencies that provide BH direct services; agencies that provide direct services, but not specifically BH services; and agencies that do not provide direct services



Survey Results – Organizational vs. Regional Infrastructure

As an organization/community supporting children and youth within St. Louis County:

Questions	Organization (weighted avg.)	Community (weighted avg.)
We have fully adopted and promote a coordinated, holistic approach to service delivery.	4.16	3.07
Professionals have access to the ongoing professional development and support they need to deliver high quality, culturally appropriate services.	3.98	3.39
We have a culture and climate that supports collaboration among providers.	4.12	3.23
We are implementing a trauma-informed approach to service delivery.	4.14	3.50
We have a standard set of outcomes that we use to measure our collective impact.	3.88	2.86
We use data to inform our programmatic decision making.	4.21	3.26
We have formalized relationships with other service providers (i.e. MOUs, data sharing agreements, etc.).	4.42	3.74
We fully maximize all reimbursement mechanisms available.	3.92	3.18
We have the right mix of service offerings (i.e., prevention, early interventions, later interventions).	3.72	3.06
We have a mechanism for regularly incorporating child and family voice and feedback.	3.90	3.11
We are moving in the right direction as a region.		3.56
CSF funding has directly enabled providers to realize positive outcomes in the community.		4.16



Survey Results – Organizational vs. Regional Infrastructure

- On average, organizations view their capacity to support the behavioral health needs of children and youth within St. Louis County as higher than the community as a whole.
- Stakeholders agreed the most that both organizations and the community has “formalized relationships with other service providers (i.e. MOUs, data sharing agreements, etc.).”
- Stakeholders disagreed the most that both organizations and the community has “a standard set of outcomes that we use to measure our collective impact.”
- Additionally, stakeholders disagreed that organizations have “have the right mix of service offerings (i.e., prevention, early interventions, later interventions).”



Survey Results – Priorities

Select the top three priorities as it relates to children and youth behavioral health regional strategic alignment and coordination.

Priorities	
1	Develop a coordinated approach among all regional and local funders investing in child and youth behavioral health.
2	Develop and adopt a regional equity framework that prioritizes investment based on key factors such as demonstrated need, historic access (or lack thereof) to resources, as well as other potential conditions.
3	Develop and promote a proactive regional agenda related to behavioral health services for children and youth.

- All groups chose one of these priorities as their top choice, with the exception of **agencies that do not provide direct services**. Their top priority was to:

Develop and adopt standardized behavioral health outcomes at a regional level.

Survey Results – Priorities

Select the top three priorities as it relates to children and youth behavioral health operational coordination and alignment.

Priorities	
1	Develop strategy and operational infrastructure to ensure that services follow youth when they move throughout the region.
2	CSF to introduce an alternate funding model that allows for flexibility beyond units of service delivered.
3	Develop a centralized location/resource for community members to identify and access behavioral health resources.

- All groups chose one of these priorities as their top choice. However, **schools** chose “Support school district autonomy in directly hiring behavioral health staff within schools” as a close second choice.



Survey Results – Priorities

Select the top three child and youth behavioral health education and prevention investments you would like to see in St. Louis County.

Priorities	
1	Mental health education, prevention, and early intervention
2	Early childhood (0-5) prevention (e.g., parenting supports, investments in promotion of healthy social emotional development)
3	Substance use education ,prevention, and early intervention
4	Overall violence education and prevention

- **All groups** chose one of these priorities as their top choice. A fourth priority is included because it received nearly the same number of votes as #3.



Survey Results – Priorities

Select the top three child and youth behavioral health intervention service investments you would like to see in St. Louis County.

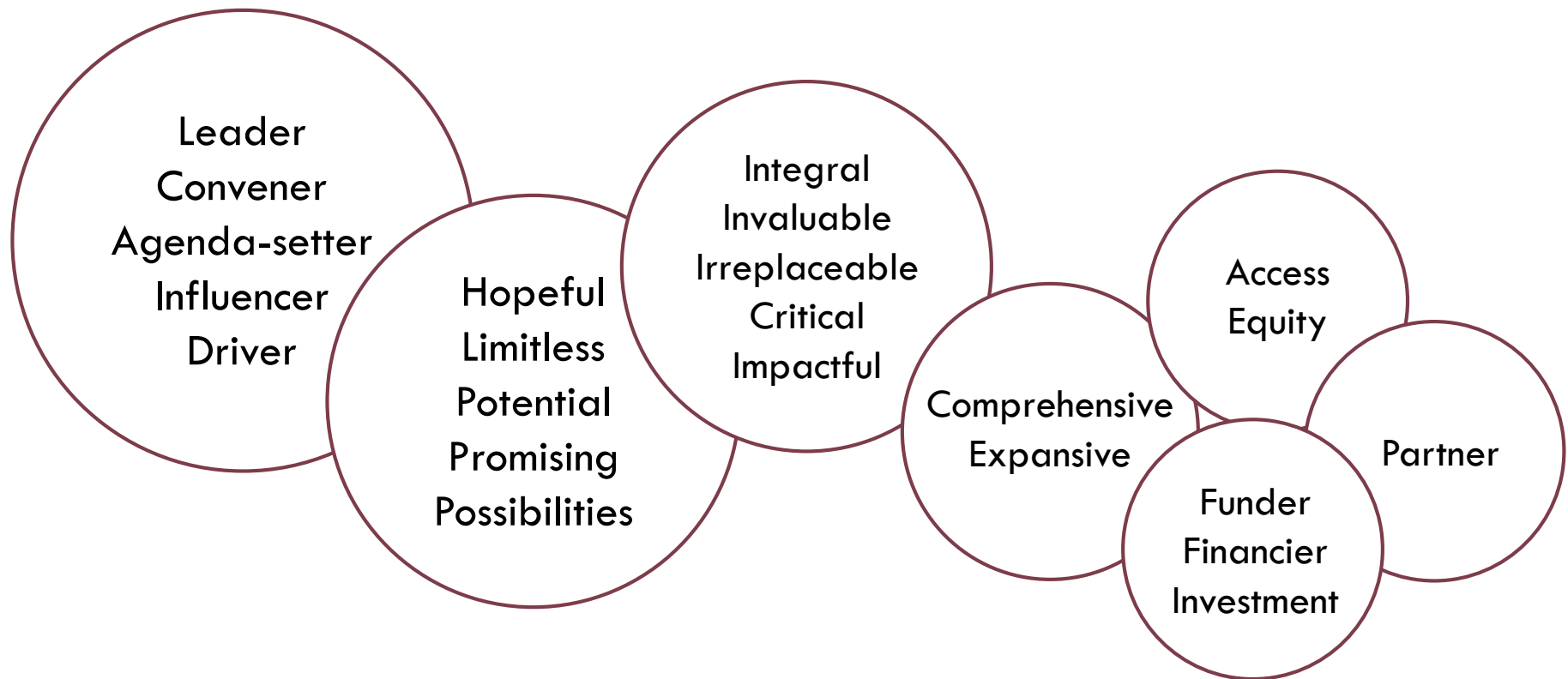
Priorities	
1	Child psychiatric services
2	Care coordination and wrap around services
3	Juvenile justice diversion programs and other mental health supports

- **All groups** chose one of these priorities as their top choice.



Survey Results – One Word

Stakeholders were asked: What is one word you would use to describe CSF's potential future role related to child and youth behavioral health.



Survey Results – “What other information would you like to share?”

- “Please restart group meetings of providers doing similar work.”
- “The current monthly invoice process and unites of service approach needs to re-evaluated, however. The amount of time spent on invoices, use of templates, errors that need to be resolved that occurred from the templates provided, etc. is an administrative burden.”
- “Staying up to date on existing programs and services is one of the most difficult and continuous challenges... I also think that connecting what CSF does with what the city does is really important.”
- “The true potential is if we stop funding what every provider wants for their agency and identify the specific types of services/supports that are needed AND monitor outcomes and impact.”
- “Please force us to collaborate. We waste so much money duplicating services...”
- “What a great thing CSF has brought to the region! Can’t thank you enough for your support, leadership, community engagement and fostering of collaboration and education!